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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/18/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

Intrathecal Pump refill--Clonidine

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who was originally injured on xx/xx/xx when he struck his head on a metal plate developing severe and intractable neck pain. The patient has undergone a prior C3 to C7 cervical fusion. Due to chronic neck pain, the patient was being treated with intrathecal Morphine in addition to oral narcotic medications. This was being provided. As of 03/11/15, the patient's medications included oral Hydrocodone 10/325mg utilized every 4 hours not to exceed 6 per day. The patient was also receiving Soma 350mg 4 times a day, Alprazolam 2mg 2 tablets 4 times a day, Promethazine, and Trazadone. This was a pain pump refill evaluation. The patient's current narcotics included Hydromorphone at 40mg per mL, Sufentanil 200mcg per mL, Baclofen 200mcg per mL, and Clonidine 25mcg per mL. The report indicated the patient was obtaining reasonable relief from intrathecal narcotics and was on his 3rd pump. The interrogation report noted the infusion rate was .3mg of Dilaudid per hour and 1.5mcg of Clonidine per hour.

The intrathecal medication refill of Clonidine was initially denied on 03/12/15 due to the lack of updated clinical information after August of 2014.

The request was again denied on 04/02/15; however, there was no specific rationale given for the denial.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been receiving intrathecal medications for an extended period of time which have included narcotics including Dilaudid and Sufentanil as well as Baclofen and Clonidine. Per current evidence based guidelines, if an upper limit of dosing is reaching as is present in this case, then there is continuing neuropathic pain which is noted due to the patient's prior history of a cervical fusion, Clonidine is recommended in addition to opioid medications at a max concentration of 2mg per mL and a maximum recommended dose of 1mg per day. The patient is well beneath these maximums. Clonidine is FDA approved for intrathecal delivery and is thought to provide an analgesic effect via a non-opioid mechanism. Given the patient's continuing benefit obtained with intrathecal medications to include Clonidine and as this medication is supported in the treatment of chronic neuropathic pain as evident in this case, it is this reviewer's opinion that intrathecal Clonidine is medically necessary and standard of care. Therefore, the

prior denials are overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)